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DOCKET FILE COPY ORIGINAL

REDACTED - FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 26, 2014

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

ACCEPTED/FILED

JUN 26 2014

Federal Communications Commission
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Tri-County Telephone Membership Corp. (NC)
Study Area Code 230505**

Dear Ms. Dortch:

On behalf of Tri-County Telephone Membership Corp. (NC) ("Tri-County"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Tri-County seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.³

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

No. of Copies rec'd 043
List ABCDE

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9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-5124



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Federal Communications Commission
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**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Tri-County Telephone Membership Corp. (NC)
Study Area Code 230505
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Tri-County Telephone Membership Corp. (NC) (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules,¹ withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") which is contained in the attachment to the 2014 Report.⁴
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ See *In the Matter of Connect America Fund*, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

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phone: 801-294-4576, fax: 801-294-5124

4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its *March 5, 2013 Order*, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories."⁵ Accordingly, because the Company is a rate-of-return carrier, it must file a five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has

⁵ See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) ("*March 5, 2013 Order*") at para 9 citing Section 54.202(a) (1) (ii).

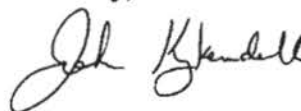
been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Melinda Jackson
<035> Contact Telephone Number: Number of the person identified in data line <030>	2529648000 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	melinda@gotricounty.biz

ACCEPTED/FILED
JUN 26 2014Federal Communications Commission
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ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div>(attach descriptive document)</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div>(attach descriptive document)</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 230505nc510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 230505nc610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to **Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to **ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

230505nc112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

[illegible]

[710] Broadband Price Offerings Data Collection Form

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBER
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3050-0819 July 2013
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<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035> Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

230505nc1210.pdf

Name of Attached Document

<1220> Link to Public Website	HTTP <hr style="border: 0.5px solid black;"/>
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035> Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	melinda@qotricounty.biz

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)) <input style="float: right;" type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2)) <input style="float: right;" type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Certification <input style="float: right;" type="checkbox"/>
<2013>	2014 Frozen Support Certification <input style="float: right;" type="checkbox"/>
<2014>	2015 Frozen Support Certification <input style="float: right;" type="checkbox"/>
<2015>	2016 and future Frozen Support Certification <input style="float: right;" type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband <input style="float: right;" type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017>	3rd year Broadband Service Certification <input style="float: right;" type="checkbox"/>
<2018>	5th year Broadband Service Certification <input style="float: right;" type="checkbox"/>
<2019>	Interim Progress Certification <input style="float: right;" type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. <input style="float: right;" type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form No. 1

OMB Control No. 3060-0595/OMB Control No. 3060-0513

July 2013

<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035> Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒
☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

230505nc3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035> Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	230505
<015> Study Area Name	TRI COUNTY TEL MEMBR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035> Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	TRI COUNTY TEL MEMBR
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Gregory Coltrain
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	2529648243 ext.
Study Area Code of Reporting Carrier:	230505
Filing Due Date for this form:	07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	TRI COUNTY TEL MEMBR
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	3014597590 ext.
Study Area Code of Reporting Carrier:	230505
Filing Due Date for this form:	07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED – FOR PUBLIC INSPECTION

TRI-COUNTY TELEPHONE MEMBERSHIP CORP (SAC 230505)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

**Tri-County Telephone Membership Corporation's Demonstration of Compliance with
Applicable Service Quality Standards and Consumer Protection Rules**

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

Tri-County Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

**Tri-County Telephone Membership Corporation's Demonstration of Ability to
Function in Emergency Situations**

Tri-County Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

REDACTED FOR PUBLIC INSPECTION

**(700) Price Offerings Including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricountv.biz

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

Data Collection Form

OMB Control No. 3060-0886/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<711>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz
<810>	Reporting Carrier	Tri-County Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]

REDACTED FOR PUBLIC INSPECTION

North Carolina Lifeline Application**Application for Lifeline**

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** send photocopies of any qualifying documentation. **NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

Annual Income 135% Thresholds Based on Household Size – effective January 22, 2014								
1	2	3	4	5	6	7	8	For each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Documentation needed to qualify for Lifeline through income is noted on next page.